2001	UNIFOR	M	BUSINESS	REPORT	(UBR)
OCUN	1ENT#	N.	MUUUUUUU.	100	

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HSA-DOA, LLC

1. Entity Name

Principal Place of Business

C/O HSA COMMERCIAL, INC.

180 NORTH WACKER DRIVE. SUITE 500

CHICAGO IL 60606

Suite, Apt. #; etc.

Mailing Address

C/O HSA COMMERCIAL. NC.

180 NORTH WACKER DRI /E. SUITE 500

CHICAGO IL 60606

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

			_ Name _		-
6	. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered A	gent
Zip	Country	Zip	Country	5. Certificate of Status Desired F	5.00 Additional ee Required
City & State		City & State		4. FEI Number 36 - 3875458	Applied For Not Applicable

3953 W.W. KELLEY ROAD TALLAHASSEE FL 32311

	ri ilgillo dilo rido:				
Name _					
Street Addr	ress (P.O. Box Number is No	ot Acceptable)			
City			FL	Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

	Make Check Paraji	Die to Depart	ment of State	******50.15430	****	Ø.UU
9.	MANAGING MEMBERS/MEMBERS	10.		ADDITIONS/CHANGE	S	
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS		. Shaffer Wocker Drive #		<b>⊠</b> Addition
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP TITLE NAME	MGRM	50, IL 60600	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	·	STREET ADDRESS CITY-ST-ZIP	160 N. Chica	E. Smietana Wacker Drive & Co. IL 60600		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stephe 180 N Chica	n I. Tinsley . Wacker Otion .co . IL 6060	_	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP	MORN Melisso 180 N Chica	. S. Pielet . Wacker Driv	□ Change • ₹ \$ 6 • <b>Ole</b>	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		- 05/521/012 ************************************		<del></del>
TITLE  NAME  STREET ADDRESS  CITY-ST-77	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		700004272 -05/21/010	□ Change <b>717</b> 110281	□ Addition   

hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes Purither certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the inited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MAN AGER, OR AUTHORIZED REPRESENTATIVE